

1744

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To: Randall Chin, Examiner
Telephone:
Fax: (571) 273-1270
Date: Monday, August 30, 2004
From: Tony K. Uhm

Number of pages, including cover sheet: 9

RE: In re Application of
Invention: New and Improved Sanitary Toothbrush
First Named Inventor: Woods, Michelle
Serial No.: 10/041,070
Filing Date: November 9, 2001

Comments:

Correspondence attached.

Our File No.: 01-11283-01

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Monday, August 30, 2004

VIA FACSIMILE & REGULAR MAIL

Fax No. (571) 273-1270

Randall Chin, Examiner
Art Unit 1744
Commissioner for Patent
P.O. Box 1450
Alexandria, VA 22313-1450

**RE: In re Application of
Invention:
First Named Inventor:
Serial No.:
Filing Date:**

**New and Improved Sanitary Toothbrush
Woods, Michelle
10/041,070
November 9, 2001**

Dear Mr. Chin:

Pursuant to our telephone conversation last month, enclosed please find a copy of the "non-patent literature" reference in connection with the above-identified application, together with a completed Information Disclosure Statement.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,



TONY K. UHM

Encls.

cc: Michelle Woods (w/o encls.)

PTO/SB/08B (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Complete if Known	
		Application Number	10/041,070
		Filing Date	November 9, 2001
		First Named Inventor	Woods, Michelle
		Art Unit	1744
		Examiner Name	Chin, Randall
Sheet 1	of 1	Attorney Docket Number	01-11283-01

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		YOUNG and HAWK, Moto-Kinesthetic Speech Training, Stanford University Press, Stanford, California (1955)	

Examiner Signature		Date Considered	
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¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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